

## ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

AFFIDAVIT OF POSTING

Date of Posting: 5-2-14 Date of Posting Removal: 5-23-14

Applicant Name: Coons Barbara Lorraine  
Last First Middle

Business Address: 274 E. Pearce Rd Pearce 85625  
Street City Zip

License #: 13023037

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

COCHISE COUNTY BUILDING INSPECTOR (520) 432-9240  
Print Name of City/County Official Title Telephone #  
BRETT L. SIPE

[Signature] 5-27-14  
Signature Date Signed

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027